

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Demontray Larell Ward

45499-379

(Enter above the full name of
plaintiff in this action)

v.

UNITED STATES OF AMERICA

OFFICER Wolfgang, OFFICER

Hoffa, OFFICER Johnson, Lori

Hartzel RN, ANDREW Edinger MD, Lupold M

(Enter above the full name of
the defendant(s) in this action)

CIVIL CASE NO: _____

(to be supplied by Clerk
of the District Court)

**FILED
SCRANTON**

SEP 18 2017

Per. [Signature]
DEPUTY CLERK

COMPLAINT

1. The plaintiff DEMONTRAY LARELL WARD a citizen of
the County of Lewisburg State of
Pennsylvania, residing at U.S.P. LEWISBURG penitentiary
wishes to file a complaint under 28 U.S.C. 1331 - AGAINST ALL Federal
(give Title No. etc.)
employees

2. The defendant is UNITED STATES OF AMERICA, OFFICER Wolfgang,
OFFICER Hoffa, OFFICER Johnson, Lori Hartzel, RN, ANDREW EDINGER MD,
Todd Lupold PA, OFFICER FISHER, OFFICER HOMES, OFFICER RITZ.

3. STATEMENT OF CLAIM: (State below the facts of your case. If you have paper
exhibits that give further information of your case, attach them to this completed form. Use as
much space as you need. Attach extra sheet(s) if necessary) ON Dec 23, 2016

DEFENDANT:

4. OFFICER RITZ: ADDRESS:

P.O. BOX 1000 LEWISBURG PA 17837

5. OFFICER HOMES: ADDRESS:

P.O. BOX 1000 LEWISBURG PA 17837

6. OFFICER FISHER: ADDRESS:

P.O. BOX 1000 LEWISBURG, PA 17837

7. Lori HARTZEL RN: ADDRESS:

P.O. BOX 1000 LEWISBURG, PA 17837

8. ADREW EDINGER MD: ADDRESS:

P.O. BOX 1000 LEWISBURG, PA 17837

9. Todd Lupold PA: ADDRESS

P.O. BOX 1000 LEWISBURG, PA 17837

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☐ Yes ☒ No
- C. If your answer to "B" is Yes:
1. What steps did you take? _____

 2. What was the result? _____

- D. If your answer to "B" is No, explain why not: § 40.9 part 40 -- standard For
Inmate Grievance Procedures § 11.8 Retaliation Claim Administration
wouldnt not let me file ANY PAPER WORK.

III. DEFENDANTS

- (1) Name of first defendant: OFFICER Wolfgang,
Employed as OFFICER at U.S.P. LEWISBURG
Mailing address: P.O. Box 1000 LEWISBURG PA 17837
- (2) Name of second defendant: OFFICER Hoffa
Employed as OFFICER at U.S.P. LEWISBURG
Mailing address: P.O. Box 1000 LEWISBURG, PA 17837
- (3) Name of third defendant: OFFICER JOHNSON
Employed as OFFICER at U.S.P. LEWISBURG
Mailing address: ~~1000~~ P.O. Box 1000 LEWISBURG, PA 17837

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. On December 23, 2016 at approximately 11:25-12:59 am
i was assaulted by individual rec staff here at
Lewisburg U.S.P. On December 23, 2016 these said

- individual officers came to my cell door 125 to
2. bring my cellmate back from rec, the officer place me in hand restraints called rapid cuffs a complete replica of the black box to the back of me Mr. Demontroy ward. The officer named Homes pulled me
 3. out from the back backwards out of cell 125 an through me to the ground at this point 5 more other individual officers jumped me while i was on the ground, one officer name Ritz grabbed-ATTACHM

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Punitive Damage - \$200,000⁰⁰ For the use of force by each individual defendant.
Compensatory Damage \$20,000⁰⁰ From each individual defendant in there individual capacity.
2. For-The use of unlawful restraints an Arrest should be warranted for the use of force by each defendant in there individual capacity.
3. Nominal Damage \$15.00⁰⁰ In the individual capacity of each Defendant.

Attachment

My left ankle an bended it to the point it broke.

At this point a officer name wolf gang Jumped on my back an started hitting me in the face, then officer Johnson and officer Fisher started steping on my left Ankle after i was placed in leg restraints this was also Assisted by officer Hoffa who was steping on my Left Ankle. This all happend in the first floor D-Block front gate which has a Camra that Capture the hole incident.

After the incident happend i was placed in the first floor shower so that the medical staff could Assist me an look at my left Ankle, At this point i informed the medical staff i could not feel my Left Ankle or could i not stand up all the way. At this point the medical staff informed the C.O's x-ray department so that i could be x-rayed, due to me not being able to walk i was placed in a wheelchair an taken to the x-ray department

The report stated i had A fracture on my left Ankle do, to, too much force used by the officers here at Lewisburg.

DATE:

x Dementray ward

Reg No. 45499-379

P.O. Box 1000

Lewisburg, PA 17837

TO: CLERK of COURT
235 N. Washington Ave
P.O. Box 1148
Scranton, PA 18501

From: ~~██████~~ Demontray ward
REG NO. 45499-379
P.O. Box 1000
Lewisburg, PA 17837

REQUEST:

I Demontray ward, would like to ask this Honorable Court to transfer me because of retaliation of my past, and because i fear that this Lawsuite might cause other individuals to try an harm me. I am already being retaliated on in which when i go to rec I have two Rapid hand Cuffs on my rist from last incident in Dec where the officer Lied to cover himself an my ankle was broken.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



7015 0640 0003 3447 6093

Inmate Name: Detroyer, Wael
Register Number: 45449-317
United States Penitentiary
P.O. Box 1000
Lewisburg, PA 17837

[Handwritten signature]

SEP 18 2017

RECEIVED

PEN UNIT

SEP 13 2017

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LEGAL MAIL

TO: CLERK OF COURT
235 N. Washington Ave.
P.O. Box 1448
Scranton, PA 18501